



City of Torrance
Community Services Department
3031 Torrance Boulevard, Torrance, CA 90503 (310) 618-2720

“Creating and Enriching Community through People, Programs, Partnerships”

REGISTRATION SOFTWARE UPDATE

The Registration Office will be changing class registration software beginning with the Winter 2014 season. As we transition to the new software system we need to update all of our records. To avoid delays during the registration process, please complete this form and return it to the Registration Office by October 1, 2013. **All Torrance residents must attach current proof of residency, even if you are in our current database.** You may send it to us at:

E-mail: enroll@TorranceCA.Gov

Fax: 310.781.7598

Mail or walk-in: Registration Office, 3031 Torrance Blvd., Torrance, CA 90503

Your current customer information and history will no longer be available beginning November 1, 2013, so be sure to print copies of all of the documents you may need prior to the software change. If you have any questions, please call the Registration Office 310.618.2720.

HOUSEHOLD INFORMATION (please print legibly)
Complete all fields. Incomplete forms will not be processed.

Head of Household (first, last)

Secondary Head of Household (first, last)

Date of Birth: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Primary Phone number: _____ Secondary Phone Number: _____

Emergency Contact (name & number): _____

Email address: _____

Dependent Family Member:

Name: (first, last) _____ Relationship: _____

Birth Date: _____ Gender (circle one): Male Female

School name: _____ School Grade: _____

Dependent Family Member:

Name: (first, last) _____ Relationship: _____

Birth Date: _____ Gender (circle one): Male Female

School name: _____ School Grade: _____

Dependent Family Member:

Name: (first, last) _____ Relationship: _____

Birth Date: _____ Gender (circle one): Male Female

School name: _____ School Grade: _____

Dependent Family Member:

Name: (first, last) _____ Relationship: _____

Birth Date: _____ Gender (circle one): Male Female

School name: _____ School Grade: _____

Please make copies for additional family members.